



Form

4

GENERATOR ANNUAL DANGEROUS WASTE REPORT

PLEASE PLACE LABEL IN THIS SPACE

1. THIS REPORT FOR YEAR ENDING DEC. 31, 1 9 8 2

You may have received a preprinted label attached to the front of the envelope in which this pamphlet came; affix it in the designated space above. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections 2.A., 3 and 4 below blank. Be sure to complete Section 2.B. If you did not receive a preprinted label, complete all sections.

2.A. GENERATOR EPA/STATE I.D. NUMBER

2.B. GENERATOR SIC CODE(S)

W A D 9 8 0 7 3 8 5 4 6

3. NAME OF GENERATOR

A L A S K A N C O P P E R W O R K S

4. GENERATOR MAILING ADDRESS

Street or P.O. Box

3 2 0 0 6 T H A V E S O U T H

City or Town

State

Zip Code

S E A T T L E

W A

9 8 1 2 4

5.A. LOCATION OF GENERATOR (If Different from Mailing Address)

5.B. County In Which Generator Is Located

Street or Route Number

City or Town

State

Zip Code

County

6. GENERATOR /CONTACT

Name (last and first)

Phone No. (area code & number)

B R O W N , J A M E S C

2 0 6 - 6 2 3 - 5 8 0 0

7. GENERATORS EXEMPTED FROM COMPLETING SECTIONS 9 THROUGH 15 (see instructions)

AS DETERMINED UNDER STATE REGULATION CHAPTER 173-303 WAC, ALL WASTES GENERATED AT THE ABOVE INSTALLATION ARE . . .

- ☐ EXCLUDED FROM REGULATION (SPECIFY SECTION OF CHAPTER 173-303 WAC) _____
- ☐ BELOW QUANTITY EXCLUSION LIMITS _____
- ☐ OTHER (specify) _____

8. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

James C. Brown

1/27/83

PRINT OR TYPE NAME

SIGNATURE

DATE SIGNED

FORM 4

GENERATOR ANNUAL DANGEROUS WASTE REPORT

9. GENERATOR'S EPA/STATE IDENTIFICATION NUMBER

W A D 9 8 0 7 3 8 5 4 6

FOR OFFICIAL

USE ONLY

ITEMS 1 AND 2

1. DATE RECEIVED

(Month Day Year)

2. RECEIVED BY

10. TSD FACILITY'S EPA/STATE IDENTIFICATION NUMBER

W A D 0 5 8 3 6 7 1 5 2

12. TSD FACILITY ADDRESS (STREET OR P.O. BOX, CITY, STATE & ZIP CODE)

1500 Airport Way South

Seattle, Wa.

11. TSD FACILITY NAME

Northwest Tank Service

13. TRANSPORTER(S) USED

NORTHWEST TANK SERVICE

14. WASTE IDENTIFICATION

LINE NUMBER	Physical State	Chemical Nature	A. DESCRIPTION OF WASTE	B. DANGEROUS WASTE NUMBER (see instructions)	C. Waste Designa- tion DW or EHW	D. AMOUNT OF WASTE	E. WEIGHT CODE
	S = Solid L = Liquid G = Sludge	O = Organic I = Inorganic					
1	L	I	Rinse water from nitric acid tank -				
2			Nitric acid (40% or less)	D 0 0 2	DW	2 3.7	T
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

15. COMMENTS (ENTER INFORMATION BY SECTION AND/OR LINE NUMBER—SEE INSTRUCTIONS)